

State of New Jersey
Department of Law and Public Safety DIVISION OF CONSUMER AFFAIRS BUREAU OF SECURITIES PO Box 47029 153 Halsey Street

Newark, New Jersey 07101 (973) 504 - 3600

E-Mail: AskConsumerAffairs@dca.lps.state.nj.us

COMPLAINT REPORTED BY:	Complaint Reported Against:		
	FIRM NAME:		
Address:			
City:			
State: ZIP:			
Home Telephone Number:			
Work Telephone Number:	Telephone Number (2):		
E-Mail Address:			
as companies issuing securities investments. The Bu	against individuals and firms selling securities or offering investment advice as well areau is empowered to bring administrative actions or civil law suits to enforce the ersey Uniform Securities Act. The Bureau may refer certain matters for criminal		
1. Type of firm (if known). Please check the appro	priate box:		
☐ Securities Brokerage Firm ☐ Investment A	dvisory Firm		
☐ Other (specify):	☐ Other (specify):		
. Name and title of firm's agents or employees with whom you dealt:			
If known, type of professional designation used:			
☐ Stockbroker (Agent) ☐ Inve	stment Advisor		
3. How was the initial solicitation made:			
☐ Telephone ☐ Mail ☐ Sem	inar		
☐ Other (specify):			
4. Type of investment product involved in your con  ☐ Stocks ☐ Bonds ☐			
	1		
☐ Other (specify)			
5. Did you receive a prospectus when you purchas	ed the investment?   Yes   No		
1	Please continue on reverse side		
	Do not write below this line		
Date received:	Case #: Investigator:		
Status #:			
Data INIT:	_		

			<del></del>	
	I have read this complaint, I fully understand its contents and I correct to the best of my knowledge.	certify it and photocopies of the attac	hed documents are true and	
	□ 51 — 60 □ 61 — 70	☐ Over 70		
	☐ Under 30 ☐ 31 — 40	□ 41 — 50		
11.	Complaintant's Age (optional):			
	or Money Market Account  Proceeds from another investment	☐ Other (specify):		
9. 10.	The funds used for investment were originally drawn from:  ☐ Savings, Checking ☐ Certificate of Deposit	☐ IRA/Retirement Account	☐ Insurance Proceeds	
0	The amount of loss involved in this complaint: \$			
	necessary. Attach copies (no originals) of any complaint-relations of purchases and sales, correspondence, and any other	, , , , , , , , , , , , , , , , , , ,	count statements, confirm	
8.	Describe the facts of your complaint in the order in which they l			
	City: State: ZIP:	City: State:		
	Address:	Address:		
	Name:	Name:		
	If "Yes", please note the name and address of those you have contacted below:			
7.	Have you contacted another regulatory authority or law enforces			
	State: ZIP:	State:		
	City:	City:		
	Name:	Name:Address:		
	If "Yes", please note the name and address of those you have co			
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<sup>\*</sup> This certification must be signed by the person completing the form.